Date: 01/26/05

JFK ASSASSINATION SYSTEM IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : CIA
RECORD NUMBER : 104-10112-10093

RECORD SERIES : JFK

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F. Kennedy

Assassination Records Collection Act of 1992 (44 USC 2107 Note). Case#:NW 53294 Date:

D6-14-2017

DOCUMENT INFORMATION

AGENCY ORIGINATOR : CIA

FROM : CONEIN, LUCIEN

TO:

TITLE : FORM: PERSONAL HISTORY STATEMENT OF CONEIN, LUCIEN EMILE

DATE : 09/25/1961

PAGES: 16

SUBJECTS : CONEIN, LUCIEN

DOCUMENT TYPE : PAPER

CLASSIFICATION : UNCLASSIFIED

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DATE OF LAST REVIEW : 07/22/93

COMMENTS: JFK41: F2: 1993.07.22.18:47:22:590390

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FORM 444 USE PREVIOUS EDITION.

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TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE		\vdash	MASTER'S				R'S DEGREE	
TWO YEARS COLLEGE OR LESS	EMENT	ARY	SCHOOL		•	<u> </u>		
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3. DATES ATTENDED (From-and-To)	•					DUATE		
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SECTION								

· ·	SECTION IV CONTINUED FROM PAGE 2	
5. IF	A GRADUATE DEGREE HAS BEEN NOTED IN ITEM 4 WHICH REQUIRED SUBMISSION O THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.	F A WRITTEN THESIS, INDICATE THE TITLE

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NAME AND ADDRESS OF SCHOOL				MONTHS

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B. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE.

OSS and Agency Schools

SECTION V					F	DRE	IGN	LAI	4GU	AGE	AB	ILII	IE 2	· -					
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(List below each language in which you possess any degree of competence. Indicate your proficiency to Read, Write or Speak by placing a check (X)	'A	QUIN LEN TO ATIV	T E	ову	UEN BUT /IOU: OREIG	SLY		QUA FOR SEAF		1	QUA FOR AVE		K	MITE NOW EDG	-	NATIVE OF COUNTRY	PRO- LONGED RES- IDENCE	CONTACT (with parents, etc.)	ACADEM STUDY (all levels)
in the appropriate box(es).	R	w	s	R	w	s	R	w	s	R	w	s	R	w	s			ļ	<u> </u>
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2. IF YOU HAVE CHECKED '										_						<u> </u>	-	CE OF STU	IDY

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3. IF YOU HAVE INDICATED FLUENCY FOR A LANGUAGE HAVING SIGNIFICANT DIFFERENCES IN SPOKEN AND WRITTEN FORM, EXPLAIN YOUR COMPETENCE THEREIN.

NA

4. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY IN THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY, AND OTHER SPECIALIZED FIELDS.

			E THIS ABILITY IN ANY POSITION FOR	
			THE RESERVE OF THE PROPERTY OF	WHICH
		TO USE	E THIS ABILLIT IN ANTI-OSITION	
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YOU MIGHT BE SELECTED?	₹			
100 14110111 22		□ NO		
	PE YES	I NO		

- 3 -

N. 80.73 GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL SECTION VI LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES IN WHICH YOU HAVE TRAVELLED OR GAINED KNOWLEDGE AS A RESULT OF RESIDENCE, STUDY OR WORK ASSIGNMENT. INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, HARBORS, UTILITIES, RAIL-ROADS, INDUSTRIES, POLITICAL PARTIES, ETC. KNOWLEDGE ACQUIRED BY DATES OF WORK ASSIGN-MENT TYPE OF SPECIALIZED KNOWLEDGE DATES AND PLACE OF STUDY NAME OF REGION OR COUNTRY RESI-TRAVEL STUDY OR TRAVEL OSS 1944 military France OSS 1945 China military OSS 1945&56-59 **Findochina** military-polit SSU CTA 1946-1953 intelligence Germany Iran intelligence 1959 - 1961

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE, OR TRAVEL IN EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE. ACST Military assignments 3. UNITED STATES PASSPORT NUMBER AND EXPIRATION DATE, IF ISSUED. SP 207111 27 July 1959 exp 27 July 1963 TYPING AND STENOGRAPHIC SKILLS SECTION VII 3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM 2. SHORTHAND(wpm) 1. TYPING (wpm) SPEEDWRITING STENOTYPE OTHER (Specify): 2. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, Etc.). NA 1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH. SPECIAL QUALIFICATIONS SECTION VIII Good Hunting Fishing - Good Free Fall Parachuting - Good 2. INDICATE ANY SPECIAL QUALIFICATIONS RESULTING FROM EXPERIENCE OR TRAINING WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK. OSS and Agency trained Special Forces Battalion Commander 3yrs Chief Military Liaison Group, ACSI intel (FI) team Teheran Iran 3. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 2, SECTION VII, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO (Indicate CW speed, sending and receiving), OFFSET PRESS, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES.

none

SECTION VIII CONTINUED TO PAGE 5

	NUED FROM PAGE 4
ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CER LECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, M	TIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, MEDICAL TECHNICIAN, ETC.?
5. IF YOU HAVE ANSWERED "YES" TO ABOVE, INDICATE KIND O	F LICENSE AND STATE ISSUING LICENSE (Provide License Registry
	6 °
	•
6. FIRST LICENSE OR CERTIFICATE (Year of Issue)	7. LATEST LICENSE OR CERTIFICATE (Year of Issue)
8. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-Stories, Etc.).	JARE THE AUTHOR (Do NOT submit copies unless requested). INDICATE Fiction or Scientific articles, General Interest subjects, Novels, Short
	,
9. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND ST	ATE WHETHER OR NOT THEY ARE PATENTED.
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10. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE	EE.
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11 LIST ANY PROFESSIONAL ACADEMIC OR HONORARY ASSOCIA	TIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY
A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.	THE STATE OF THE S
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SECTION IX EMPLOYME	ENT HISTORY
NOTE: (LIST LAST POSITION FIRST.) Indicate chronological h including casual employment and all periods of unemp unemployment. List all civilian employment by a fore	istory of employment for past 15 years. Account for all periods sloyment. Give address and state what you did during periodsof ign Government, regardless of dates. In completing item 9, "De-
scription of Duties oconsider your experience carefully 1. INCLUSIVE DATES (From and To - By Mo. and Yr.)	and provide meaningful, objective statements. 2. NAME OF EMPLOYING FIRM OR AGENCY
U.S. Army Sept 1941 to pres.	U.S. Army
3. ADDRESS (No., Street, City, State, Country)	O D D ATINY
Washington 25 D.C.	
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR
Military	M/Gen John Willems
6. TITLE OF JOB	7. SALARY OR EARNINGS 8. CLASS. GRADE (II Federal Service)
Lt. Colonel	sll,561.16per year Lt. Col.
9. DESCRIPTION OF DUTIES	
U.S. Army Officer assigned to	the Assistant Chief of Staff for Intelligence
10. REASONS FOR LEAVING	
IV. REASONS FOR LEAVING	
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SECTION IX CO.	NTINUED TO PAGE 6
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	4. KIND OF BUSINESS	5. NAME OF SU	PERVISOR	
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FOR LONGEVITY PURPOSES INCLUD [®]]	16. INDICATE TO	TAL MILITA	RYSERVICE	YEARS	MONTHS	17.	WHER	E ARE YOU		RECORDS	(EPT1
	FOR LONGEY	AND INACT	IVE DUTY	24	3		ACST		• •		•

to the set \$1000 miles of the second

SECTION XI 1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? 2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME Not Applicable 3. BANKING INSTITUTIONS WITH WHITH YOU HAVE ACCOUNTS NAME OF INSTITUTION ADDRESS (City, State, Country)	
Not Applicable Not Applicable 3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS NAME OF INSTITUTION ADDRESS (City, State, Country)	
3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS NAME OF INSTITUTION ADDRESS (City, State, Country)	•
3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS NAME OF INSTITUTION ADDRESS (City, State, Country)	
NAME OF INSTITUTION ADDRESS (City, State, Country)	
NAME OF INSTITUTION ADDRESS (City, State, Country)	
The Riggs Nat'l Bank, Lincoln Br. 1 th & H Street, N.W. Washington,	D.C.
4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY CA COLONIA YES X NO	
S. IF YOUR ANSWER IS "YES" TO THE ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)	
6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES	
NAME ADDRESS (No., Street, City, State)	
S.W. Rice Co. 1342 G St. N.W., Washington D.C	
The First City Bank & Trust Fort Bragg, North Carolina	
The Guaranty State Bank 1000 Minn Ave., Kansas City Kansas	}
7. DO YOU RECEIVE AN ANNUITY FROM THE ULITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIL ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE?	REMENT,
B. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS	
na.	
9. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTIONS WITH NON-U.S. CORPORATIONS OR BUSINESSES NAVING SUBSTANTIAL FOREIGN INTERESTS?	ES; OR IN
YES YES (If answer "YES", furnish details on separate sheet.)	
SECTION XII MARITAL STATUS	
1 DESENT STATUS (Single, Married, Widowed, Separated, Divorced, or Annulled) SPECIFY: FIARKLED	
A STATE DATE BLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS	a her
Divorced from Monique Pierre Veber, 23 December 1947, Paris, France. Divorced mutual agreement. Divorced from Carmen Gil, 26 Mar 57, Wyandotte County, Ka	e by insas
WIFE, HUSBAND If you have been married more than once - including annulments - use a separate sheet for forme	r wife or
WIFE, HUSBAND If you have been married more than once - including annuments to be been married more than once - including annuments. OR FIANCE: husband giving data required below for all previous marriages. If marriage contemplated, fill in information for fiance.	appropriate
3. NAME (First) (Middle) (Maiden) (Last).	
BROCHOT BROCH OT CONETN	
4. STATE ANY OTHER NAMES EVER USED INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH OF THESE NAMES WERE USED. IF LEGAL CHANGE GIVE PARTICULAR OF THESE NAMES WERE USED.	1 ANY ULARS
(Where and by what authority). USE EXTRA SPACE PROVIDED ON PA	AGE 16
5. DATE OF MARRIAGE 6. PLACE OF MARRIAGE (City, State, Country)	•
30 March 1958 Dillon South Carolina 7. HIS (OR HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)	
7 rue Docteur Charcot, Champigny sur Marne, Seine, France	
S. LIVING NA a	
I CUPPENT ADDRESS (Give last address, if deceased)	
50 11 Hanes Street, McLean, Virginia	
12. DATE OF BIRTH 13. PLACE OF BIRTH (City, State, Country) 14. CITIZENSHIP Vinh, Vietnam USA	·
SECTION XII CONTINUED TO PAGE 10	

	SECTION XI						
4. IF BORN OUTSIDE U.S DATE OF EN	TRY 15.	PLACE OF ENTRY					
23 December 1956		New York City	New Yo	ork			
6. FORMER CITIZENSHIP(S) [Country(ies]] 17.	DATE U.S. CITIZENSH	P 18. WHE	RE ACQUIRED (City, State, C	ountry)	
French		111 July 1959	U.S.	Dist. Com	nd for D	ist of	Col.
9. OCCUPATION	20.	PRESENT EMPLOYER	Also give (comployers)	ormer employer, o	r if spouse de	eceased or	
•_							
h ousewife		none					
1. EMPLOYER'S OR BUSINESS ADDRESS	(No., Street, City	, State, Country)					
	NA.		<u>-</u>				
22. DATES OF MILITARY SERVICE (From	and to - 3y Mo. at	nd Yr.)					
	NA			MILITARY SER	VICE AFEIL	ATED	-
3. BRANCH OF SERVICE		24. COUNTRY	WITH WHICH	I MILITARY SER	VICE ALLIE	==	
	NA NA	. FOREICH	NA				
25. DETAILS OF OTHER GOVERNMENT S	ERVICE, U.S. OR	FOREIGN					
	N						
SECTION XIII		AND OTHER DEPEN					
1. PROVIDE THE FOLLOWING INFORMA		1		CITIZENSHIP	A	DRESS	
NAME . *	RELATIONSHIP			·			
		- 10 Million 10 Millio	ankfurt	TOA		Kermore	
Charles M. Conein	son	30 March 50		USA_	Alexand		
		19 April 58	yettevi	LLE LISA	McLean		
Laurent P. Conein	son	her to make the	COLUMN TANKS	USA	- FICTEON	11 8-	11
			eran	TICA	"		
pPhilippe J. Conein	don	16 Nov 159	TLSI	USA			
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AND NOT SELF-SUPPORTING.	- 1/2 3	3. NUMBER OF OTH parents, step-pare YOU FOR AT LE CHILDREN OVER SELF SUPPORTI	21: YRS. OI	FAGE WHO ARE	NOT	\$	C
4	me information.	3. NUMBER OF OTH PARENTS, etc. Pharents, etc. Phare	ER DEPEN nts, sister, A 21 50% OF A 21 YRS. OI NG: Guardian o	n a separate sh	NOT	\(\)	C
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SECTION XIV FATHER (Give so 1. FULL NAME (Last-First-Middle) Conein, Incien Xay 5. STATE OTHER NAMES HE HAS USED	me information,	3. NUMBER OF OTH parents, step parents, step parents, step parents of the children over SELF-SUPPORTI	Guardian o	n a separate sh F DEATH ding length of time	neet) . CAUSE OF heart a: ne) UNDER W	ttack HICH HE H CULARS (IAS Where
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		VUED FROM PAGE 12					
6. SPECIAL REMARKS, IF ANY, CONCERNING RI	ELATIVES NOTED I	N SECTION XIX ABOVE			1		
•							
•							
SECTION XX RELATIVES BY B	LOOD, MARRIAGE (SERVICE (OR ADOPTION WHO ARE IN OF THE UNITED STATES		•			
1. NAME (Last-First-Middle)		2. RELATIONSHIP	3. AGE	4. CITIZENSI	1IP		
NA				<u> </u>			
5. ADDRESS (No., Street, City, State, Country)		6. TYPE AND LOCATION	OF SERVIC	E (II Known)			
		· ·	Ta	1			
1. NAME (Lest-First-Middle)		2. RELATIONSHIP	3. AGE	4. CITIZENSE	IIP		
2 City State Country)		6. TYPE AND LOCATION	OF SERVICE	F (If known)			
5. ADDRESS (No., Street, City, State, Country)		6. THE AND LOCATION	· or service	, 2 (00 0000			
		2. RELATIONSHIP	3. AGE	4. CITIZENSI	IIP		
1. NAME (Last-First-Middle)	**		-	100	1 - F T		
3 State Country)		6. TYPE AND LOCATION	N OF SERVI	E (If known)			
5. ADDRESS (No., Street, City, State, Country)					: •		
		ANCES, AND NEIGHBO)RS		·		
SECTION XXI REFERE 1. LIST FIVE CHARACTER REFE				INTIMATELY			
				RESIDENCE ADI	DRESS		
NAME (Lest-First-Middle)	(No., Stree	ESS ADDRESS t, City and State)		Street, City a			
(22)			1,503 1	Mac Arthur	Rivel		
B/Gen Edw. G. Lansdale	Of Assit S	er Def.		ngton, D.C			
b/Gen Edw. G. nansdate	OI MBB 0 B	5011 Hanes Street					
Mr. Lucius O. Rucker	CIA			m, Virgin			
III & DECTED OF TREORICE				Cathedral			
Hon. Errett P. Scrivner	congress		Washington, D.C.				
		~ (Arlington Towers				
Mr. Alfred T. Cox	CIA	1	Arlin	ton, Virg	inia		
				Embassy			
Mr. John Foster	CIA			an, Iran			
2. LIST FIVE PERSONS, IN THE U.S. W	HO KNOW YOU SOC	IALLY - NOT RELATIVES	, SUPERVISO	DRS OR EMPLO	YERS		
NAME	BUSIN	ESS ADDRESS		RESIDENCE AD o., Street, City			
(Last-First-Middle)	(No., Sire	et, City and State)		· · · · · · · · · · · · · · · · · · ·			
Gines Thems Deep in the mi	litamr Sammi	no sinno Santamba	דיוסד מי	and since			
Since I have Been in the mi	TINGTEN DELIVE	e price pehreume	1 14744 C	THE PHICE			
since the majority of my m	ilitary serv	ice has been in o	verseas	areas, sp	ecifically		
since 1959, 1961, and sinc	o T have inet	returned from T	'eheran	Tran mu	social		
since 1939, 1901, and since	A T HAVE JUS	o reomined from 1	و المادي المادي	س وسم	oom.		
contacts are not in the Un	ited States.	• •		· ·	• • • • • • • • • • • • • • • • • • • •		
				, , ,	. ",		
3. LIST THREE NEIGHBORS AT YOUR MOST RECENT NORMAL RESIDENCE IN THE U.S.							
NAME	PAGINESS ADDRESS RESIDENCE ADDRESS						
(No., Street, City and State) (No., Street, City and State)							
1							
Same as above applies. In the military service people are being continuously							
transferred to new duty							
adequately answer this				•			

ECTION XXII CLUBS, SOCI	ETIES, AND OTHER ORGANIZATIONS		
OTE: List names and addresses of all clubs, soci (Include membership in, or support of, any or belong or have belonged.	eties, professional societies, employee group ganization having headquarters or branch in	os or organizations a foreign country)	of any kind to which you
NAME AND CHÀPTER	ADDRESS	, DATES OF ME	MBERSHIP
MANE AND CHAPTER	(Number, Street, City, State, Country)	FROM	то
Airborne Association	Ft. Bragg, North Carolina	1956	pres
Reserve Officers Association	Washington, D.C.	1957	pres
Assoc of U.S. Army	Washington, D.C.	1958	pres
\			
		1	
•	74) 34	• • •	
ECTION XXIII RESIDE	NCES FOR THE PAST 15 YEARS		
ADDRESS - LAST RESI		INCLUSIVE	DATES
• (Number, Street, City, S	tate, Country)	FROM	то
Agency mission to Germany		1946	1953
1512 Ellison Street, Falls Ch	wrch, Virginia	Aug 153	June 151
Agency mission to Vietnam		June 15h	Oct 156
13 Maas Drive, Ft. Bragg, Nor	th Carolina	Nov 156	Aug 159
7 7 1 0 0 ml	- (3017 Tillian G 170 000 177)	- 159	
No 5 Kuchi Sala, Teneran, ira	n (Mil Liaison Gp. APO 205 NY)	Sept 199	Sept '61
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SECTION XXIV	ADDITIONAL INFORMATION	Т	
OR HAVE YOU EVER SUPPORTED OR BEEN A	VOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF; ASSOCIATED WITH ANY POLITICAL PARTY, INDIVIDUAL OR ORGAN - HE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES BY FIONAL MEANS, OR SEEKS BY FORCE OR VIOLENCE TO DENY PERSONS OF THE UNITED STATES?	V	YES NO
2. IF YOU HAVE ANSWERED "YES" TO THE ABO			
2. IF YOU HAVE ANSWERED TYES TO THE ABO	VE QUESTION, EXPLAIN		
	11		•
· · ·	-		
3. DO YOU USE OR HAVE YOU YES	4. IF SO, TO WHAT EXTENT?		
EVER USED INTOXICANTS? NO.	oceasionally 6. If so, to what extent?		
5. DO YOU USE OR HAVE YOU EVER USED NARCOTICS?			
7. HAVE YOU EVER BEEN A MEMBER OF, OR SI IZATION OR ITS ACTIVITIES?	UPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE IF ANSWER IS "YES", GIVE COMPLETE DETAILS.	ORG	AN-
	CS, Imp Iranian Army 1959 to 1961		
8. LIST BELOW THE NAMES OF GOVERNMENT PLOYMENT SINCE 1940	DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FO	OR EN	A -
÷ a	•		
U.S. Army			
	·		
9. IF TO YOUR KNOWLEDGE, ANY OF THE ABO AGENCY AND THE APPROXIMATE DATE OF		OF TI	HE
oss 1943	U.S. Army 1956-57		
SSU 1946	ACSI D of A 1959		
GIG 1947 CIA 1948-49	•	•	
		I = 2	
NOTE SPECIAL If your answer is "YES" to INSTRUCTIONS question on a separate, sig	the following Questions 10, 11 or 12, provide the information requested ned sheet and attach the sheet to this form in a sealed envelope.	ror e	acn
10. HAVE YOU, OR TO YOUR KNOWLEDGE HAS VICTED FOR ANY VIOLATION OF THE LAW ABROAD?	YOUR SPOUSE, EVER BEEN DETAINED, ARRESTED, INDICTED OR CON- OTHER THAN A <i>MINOR</i> TRAFFIC VIOLATION IN THE UNITED STATES OR		YES
	TE, COUNTRY, DATE, NATURE OF OFFENSE AND DISPOSITION OF CASE RUCTION ABOVE.	X	NO
· · · · · · · · · · · · · · · · · · ·		1-	
11 HAVE YOU EVER BEEN ARRESTED, COURT	T-MARTIALED OR OTHERWISE PUNISHED UNDER MILITARY LAW OR REG- AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN AC-		YES
ULATION? IF SO, DESCRIBE INCIDENT(S) CORDANCE WITH SPECIAL INSTRUCTIONS	AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN AC-	X	NO
	<u> </u>	+-	-
12. ARE THERE ANY UNFAVORABLE INCIDEN	TS IN YOUR LIFE, NOT MENTIONED ABOVE, WHICH MAY BE DISCOVERED. R YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EX-		YES
PLANATION? IF SO, DESCRIBE INCIDENT(CORDANCE WITH SPECIAL INSTRUCTIONS		x	NO
			1
323.131.711.	TO BE NOTIFIED IN CASE OF EMERGENCY 2. RELATIONSHIP		
1. NAME (First-Middle-Last)	••		
Elyette Brochot Cone	<u> </u>		
5 BUSINESS ADDRESS (No., Street, City, Zon	e, State, Country) - INDICATE NAME OF FIRM OR 6. BUSINESS PHONE NO. 4	EXT	•
EMPLOYER, IF APPLICABLE			
Dept of the Army OX 57742			
		IFICA	TION
	DEL ATIVES (Spouse Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOT	IFICA	TION
Mrs Fstalla Consin 15	O Monterey St. Brishane Calif. Mother -		

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CERTIFICATION

YOU ARE INFORMED THAT THE CORRECTNESS OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED.

I have read and understand the instructions. I Certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for immediate dismissal or rejection of my application. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

1. DATE OF SIGNATURES
25 September 1961

2. SIGNATURE OF APPLICANT

S. SIGNED AT (City and State)

Washington D.C.

4. SIGNATURE OF WITNESS

NOTE: Use the following space for extra details. Reference each continued item by section and item number to which it relates, sign your name at the end of the added material. If additional space is required use extra pages the same size as this page and sign each such page.

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